

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/937649	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1						51			
2	1						52			
3	1						53			
4		1					54			
5		1					55			
6	1						56			
7		1					57			
8		5					58			
9		5					59			
10		5					60			
11		5					61			
12		5					62			
13		5					63			
14		5					64			
15		5					65			
16		5					66			
17		5					67			
18		5					68			
19		5					69			
20		5					70			
21		5					71			
22		5					72			
23	1						73			
24		5					74			
25			1				75			
26			1				76			
27			1				77			
28				1			78			
29				1			79			
30			1				80			
31				1			81			
32				1			82			
33				1			83			
34				1			84			
35				1			85			
36				1			86			
37				1			87			
38				1			88			
39				1			89			
40				1			90			
41				1			91			
42				1			92			
43				1			93			
44				1			94			
45				1			95			
46				1			96			
47				1			97			
48				1			98			
49				1			99			
50				1			100			
TOTAL IND.			4				TOTAL IND.			
TOTAL DEP.			20				TOTAL DEP.			
TOTAL CLAIMS			24				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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